PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE/ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

22919

7590

06/25/2004

SHINJYU GLOBAL IP COUNSELORS, LLP 1233 20TH STREET, NW, SUITE 700 **WASHINGTON, DC 20036-2680**

JUL 2 2 2004

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name (Signature)

(Date)

FIRST NAMED INVENTOR APPLICATION NO. FILING DATE ATTORNEY DOCKET NO. CONFIRMATION NO. 09/892,456 06/28/2001 Tatsuya Kawakami SN-US015079 2153

TITLE OF INVENTION: B	ICYCLE SHIFT CONTROI	L DEVICE				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	09/27/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS		
KIM, CHONG HWA		3682		074-502200		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 Shinjyu Global IF 2 Coungiselors, Lip.			
(A)NAME OF ASSIGN Shimar	EE o Inc.	(B	Osaka,	(CITY and STATE OR Japan		
Please check the appropriate 4a. The following fee(s) are 2 Issue Fee 2 Publication Fee		4b	b. Payment of Fe A check in the Payment by	e(s): ne amount of the fee(s) is credit card. Form PTO-2		
Director for Patents is reque		nd Publication Fee	Deposit Accoun	nt Number	y charge the required fee(s), of 36 (enclose an extra	copy of this form).
other than the applicant; interest as shown by the re	d Publication Fee (if require a registered attorney or age cords of the United States Patrion is required by 37 CFR by the public which is to for its governed by 35 U.S.C. I les to complete, including generated the USPTO. Time with the amount of time you this burden, should be sent Office, U.S. Department END FEES OR COMPLE for Patents, Alexandria, Virginia a strong to the USPTO.	will not be ac ent; or the assignatent and Trademar	ee or other part rk Office.	yone y in 07/23/2	2004 HDEMESS2 00000080 09 501 504	9892456 1330.00 gp 300.00 gp

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.